LONG-TERM AND SHORT-TERM PATIENTS' BARRIERS TO COMMUNICATION

by

Carol Elizabeth Egli Davis

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Carol Elizabeth Egli Davis

has been approved

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Chairman, Committee

Reader, C

Supervisory Committee

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CHAPTER I

INTRODUCTION

The nurse has a responsibility to her patient for maintaining channels of communication and for assisting the patient to feel free to communicate with her at all times. Shafer noted that, "a large part of the nurse's work is to encourage the patient...to express his anxieties, to help him see the universality of fear in his situation, and to help him seek outlets for these fears and tensions and to allay them whenever possible" (Shafer, 1964, p. 7).

The aim of nursing is to treat the "whole patient," by observing his mental and spiritual condition as well as by observing his physical state (Wessen, 1958, pp. 463-474).

In rehabilitating a patient, so that he will function to the maximum of his potentialities, the concept of the "whole patient" becomes extremely important. Rusk stated that in rehabilitative nursing, "every act or procedure of nursing must be directed toward the care of the whole person," (Rusk, 1958, Ch. 7). Rusk also noted that:

> ...nursing ministrations must be balanced between the technical treatments and procedures of bodily care and careful attention to the needs of the mind and spirit (Rusk, 1958, p. 152).

It seemed to the writer that nurses overlooked the patient's need to communicate: to talk about his personal problems, nagging fears, present or past illnesses, and medical treatments which he anticipated.

The writer also believed that the longer the patient was hospitalized the more his need to communicate was overlooked. It was noted

that the long-term patient was frequently shunned by nurses and his care was frequently delegated to other hospital personnel.

The purpose of the present study was to determine: (1) if long-term patients would express more barriers to communication with registered nurses than short-term patients, and (2) if the type and relative frequency of communication barriers between long-term patients and short-term patients was different. The reason for these questions was that it appeared from previous observations that patients' attitudes changed as the length of hospital stay increased. The patient is the most important person in the hospital setting, so his perception of the quality of nursing care he received and his total well-being are important criteria by which to judge the effectiveness of nursing care, and in turn may serve to point out strengths and weaknesses in the educational program of the nurse.

For the purposes of the present study communication was defined as an exchange of words between a patient and a registered nurse for the purpose of conveying and clarifying ideas, thoughts, and/or feelings.

A barrier to communication was defined as anything which obstructed or hindered verbal communication between a patient and a registered nurse.

A long-term patient was defined as one whose duration of hospital stay was eight days or more.

A short-term patient was defined as one whose duration of hospital stay was seven days or less. In her research Bailey (1956)

pointed out that length of hospital stay is getting much shorter. Because of recent advances in medical science and the relatively short period of hospitalization for most patients, many do not remain seven days; therefore short-term patients were defined as those whose stay was up to seven days. The decision left a larger population for the long-term group.

The writer was surprised to find that no studies had been done on communication differences between long-term and short-term patients. In fact, little research was reported concerning patients' opinions of their communication with hospital personnel.

A three-part study by Abdellah and Levine (1957a; 1957b; 1957c) polled patients' opinions of their care. Patients in 60 general, non-federal hospitals were asked to fill out a check-list expressing their opinions of nursing care. One conclusion reached was:

> Communication between the patient and the nurse was another crucial need which was pointed out by the study findings. Patients frequently reported that they seldom saw a nurse, and when they did she never stayed long enough to answer questions (Abdellah & Levine, 1957c, p. 44).

Smith (1958) interviewed 250 obstetrical patients to determine satisfaction of pre-natal and post-natal nursing care. The patients expressed dissatisfaction in the area of communication because the responsibility for deciding what questions to ask was placed on them.

A study by Wright (1954, p. 31) showed that patients were dissatisfied because hospital personnel did not explain procedures to them.

Skipper, Mauksch, and Tagliacozzo (1963) utilized the interview technique to identify barriers to communication between patients and hospital functionaries. They found that patients often perceived nurses as not having the authority to answer questions related to illness, and that nursing staffs were busy and overworked so did not have time to talk with patients.

Another study by Skipper, Tagliacozzo, and Mauksch (1964) revealed that patients were concerned with not receiving enough information about their illness.

Hewitt and Pesznecker (1964) identified five categories of verbal errors that may block communication between a nurse and her patients. The major blocks to effective communication identified were: changing the subject, stating one's own opinion and ideas about the patient and his situation, false or inappropriate reassurance, jumping to conclusions or offering solutions to the problem, and inappropriate use of medical facts or nursing knowledge.

These studies suggested that research in the area of communication was both desirable and feasible. In some of the studies use was made of a tested instrument for measuring aspects of patient care; no instrument was found which seemed suitable for testing the present hypothesis. The results of the above studies, however, contributed to the selection of items for the development of a questionnaire.

CHAPTER II

METHOD

Research reports on developing patient questionnaires were used. It was decided to develop a short questionnaire for the convenience of patients in answering and yet long enough to point out areas of patient care in which improvements could be made.

The tool was designed to identify barriers to communication between the patient and the nurse which might be recognized by the patient. The items representing communication barriers were selected on the basis of various studies (Skipper, Mauksch, & Tagliacozzo, 1963; Hewitt & Pesznecker, 1964; Abdellah & Levine, 1957b), from the personal experiences of the writer, from the experiences of a few selected registered nurses, and from the suggestions offered by two instructors in the medical-surgical master's degree program at the University of Utah.

A check list questionnaire of 37 items was developed to learn to what extent selected behaviors served as a barrier to patient-nurse communication. (The questionnaire may be found in Appendix A.) The items were arranged so that the questions were distributed on two pages. Each item could be answered by placing a check in the column that represented the percentage of time the particular item hindered patient communication with a nurse.

The five percentage columns were ranged: (1) 0-20%, (2) 21-40%, (3) 41-60%, (4) 61-80%, and (5) 81-100%. The percentage categories

were chosen on the assumption that this method would be more understandable to the patients, and would encourage them to use more varied responses.

The questionnaire was administered and collected by the writer. Each patient completed the questionnaire in privacy and was not influenced by personnel or other patients. Instructions were given to place a check in the column that represented the percentage of time that the item was a barrier to communication with a registered nurse. The patient was asked to be honest in his answers, because an effort was being made to improve nursing care given to all patients. The participant was instructed not to sign the questionnaire: it was believed that anonymity would encourage the patient to express his real feelings. A return of 100% of the questionnaires was achieved.

The sample of patients for the study consisted of 38 short-term patients who had a hospital stay of 7 days or less, and 38 long-term patients who had a hospital stay of 8 days or more.

The participants were randomly selected from medical-surgical patients hospitalized at the Latter Day Saints Hospital and the Salt Lake County General Hospital during the two-month period from November, 1964 through December, 1964. The only criteria for selection of patients was that they were between the ages of 20 years to 80 years.

The 40 respondents from Latter Day Saints Hospital consisted of 20 long-term patients and 20 short-term patients. The 36 respondents from Salt Lake County General Hospital included 18 long-term patients and 18 short-term patients.

A description of the personal data of the sample of respondents in terms of age, sex, marital status and length of hospitalization can be found in Table 1.

Table 1

Description of the Personal Data

of the Sample of Respondents

	Short-term Group	Long-term Group
Age in Years		
Range	20-79	20-79
Mean	42	45
Sex		
Male	20	17
Female	18	21
Marital Status		
Single	7	3
Married	22	19
Widowed	5	5
Divorced	4	11
Length of Hospitalization in Days		
Range	1-7	8-31
Mean	4	16

CHAPTER III

RESULTS AND DISCUSSION

The responses to the items were scored by giving 1 point for the 0-20% column, 2 points for the 21-40% column, 3 points for the 41-60% column, 4 points for the 61-80% column, and 5 points for the 81-100% column. The total score represented the degree of communication barriers between the patient and the registered nurse.

The means of the long- and short-term groups were then compared on the total score to determine if there was a significant difference in the degree of communication barriers experienced between the two groups. (The raw data can be found in Appendixes B and C.) The mean for the short-term group was 46.3 with a standard deviation of 10.9, and the mean for the long-term group was 61.2 with a standard deviation of 13.5. The t test was 5.13 which indicated that the difference between the short-term and the long-term groups was significant beyond the .001 level of confidence. The hypothesis was supported that long-term patients would express more barriers to communication than short-term patients.

The writer believes that a patient who demands that instant attention and service be given him is thoroughly resented by many nurses. Sometimes a patient will be both complaining and demanding. Ujhely (1963, p. 59) reported that the qualities of complaining and demanding are outstanding in patients who have been in the hospital for several weeks or months.

It is the writer's belief that nurses' resentment may also be related to the role hospitalizations play in the patient's illness. Acute illness seems to have relatively little influence on the patient's worth as a person, as perceived by him and by his friends and family. Although a patient at the hospital, he at first represents the outside community, and so do his visitors. If the patient remains in the hospital after the acute phase has passed, subtle changes appear to take place in the relationship between the patient and the hospital personnel. Visitors come less often and may even stop coming altogether. If no particularly disturbing symptoms are noted the patient is often ignored by the nursing staff who are busy giving their attention to more acutely ill patients.

The writer believes that the patient uses his illness to attract the nurse's attention: the nurse realizes she is being manipulated into paying attention to the patient and she becomes resentful. The nurse may then ignore the long-term patient altogether. The patient becomes more demanding and complaining and the vicious cycle continues.

A *t* test was computed to determine if a significant difference existed between the means of the participants hospitalized at Salt Lake County General Hospital and the participants hospitalized at the Latter Day Saints Hospital. The mean for the long- and short-term groups combined at Salt Lake County General Hospital was 53.77, and the mean for the long- and short-term groups combined at Latter Day Saints Hospital was 53.73. The difference between the

participants at the two hospitals was negligible and indicated that patients in both hospitals experienced the same degree of communication difficulty.

The 37 questionnaire items were ranked separately for the long-term and short-term groups on the basis of the total item score within each group (see Appendixes D and E). The highest item score possible was 190, the lowest score possible was 38, and the mean item score was 114. The item scores for the long-term group were spread between the range of 118 to 38, whereas the range for the short-term group was 95 to 38.

The questionnaire items with the highest scores were selected from the long-term group and the short-term group and ranked in order of score: seven major barriers to communication were identified for each group. The item with the highest score was given the rank of one, and the item with the lowest score was given the rank of seven. The rank order, item number, and total score for the seven major barriers to communication as identified by the long-term group and by the short-term group can be found in Table 2.

The seven major barriers to communication identified by each group were: the nurse was always in a hurry; the nurse was not seen often enough; the nurse was too busy to talk; the nurse didn't have the authority to answer questions; the nurse told the patient to ask his questions of the doctor; the nurse spent more time with seriously ill patients; and patients did not want to be labeled as "bad" so they did not bother the nurse by asking questions.

Table 2

Seven Major Barriers to Communication as Identified by Long-Term and Short-Term Groups

Long-Term Group			Short-Term Group		
Rank Order	Item No.	Score	Rank Order	Item No.	Score
1	16	118	1	12	95
2	12	110	2	17	77
3	11	108	3	11	70
4	14	99	4	9	62
5	17	98	5	16	59
6	9	97	6	10	54
7	10	89	7	14	51

A rank order correlation was calculated to determine if there was a relationship between the top seven communication barriers identified by the long-term group and the top seven communication barriers identified by the short-term group. The rho was .29 which indicated that although the major barriers to communication as identified by each group were the same, there was no significant correlation between the rank order of these barriers in the long-term group and the short-term group.

To determine if there was a correlation between the rank order of the top seven barriers to communication at Salt Lake County General Hospital and Latter Day Saints Hospital, a rank order correlation was calculated. The obtained rho of .61 was not significant at the .05 level, which indicated that the order of communication barriers was different between the two hospitals.

The differences in the rank order of the items between the two groups follows:

Item 16, "Whenever I asked questions about my present illness the nurse told me to 'ask the doctor'," obtained 1st place for the long-term group and 5th place for the short-term group. The writer believed that as length of hospital stay increased the patient became more familiar with hospital routine and asked the nurse more questions about present illness, medications, treatments, and limitations of the illness. The nurse, unwilling to answer the questions, reminded the patient to "ask your doctor."

Item 12, "More seriously ill patients required the nurse's time," ranked 2nd for the long-term group and 1st for the short-term group. The writer believed that the short-term patient did not usually consider himself seriously ill; therefore, he believed nurses had a greater responsibility in caring for the critical patient.

"The nurse was always in a hurry," item 11, ranked in 3rd place for both groups. A recent study (Abdellah & Levine, 1957b, p. 64) reported that patients were distressed because the nurse was always in a hurry. The present study supported Abdellah and Levine's findings.

"The nurse didn't have the authority to answer my questions," ranked 4th in the long-term group and 7th in the short-term group. As length of hospitalization increased the patient may have evidenced frustration because the nurse failed to take responsibility for answering his questions. The comparative order of item 16 substantiated this assumption.

Item 17, "I did not wish to be labeled as a 'bad' patient so I did not bother the nurse by asking questions," placed 5th in the long-term group and 2nd in the short-term group. This suggests that the short-term patient was more concerned with his personal image and in trying to please the nurse than was the long-term patient.

Item 9, "I saw the nurse only occasionally," placed 6th in the long-term group and 4th in the short-term group. Abdellah and Levine recorded that, "...patients frequently reported they seldom saw a

nurse, and when they did, she never stayed long enough to answer questions," (Abdellah & Levine, 1957c, p. 44). The present study supported Abdellah and Levine's findings.

"The nurse seemed too busy to talk with me," item 10, placed 7th in the long-term group and 6th in the short-term group. Item 10 was slightly more of a barrier for the short-term patient than for the long-term patient.

The implications raised by this study are listed below.

1. There is a direct implication for nurses to spend more time communicating with all patients, but especially with the long-term patient.

2. Nursing educators need to continue to teach students the importance of communication and the methods of communicating with a patient--both verbal and non-verbal.

3. Nurses should take more responsibility for answering patients' questions.

4. Maximum rehabilitation of the patient can not take place without the total cooperation of the patient--both physically and mentally. The nurse should be available to the patient and provide an accepting climate so that communication between her and the patient will be reciprocal and satisfying.

CHAPTER IV

SUMMARY

The purpose of the study was to determine: (1) if long-term patients would express more barriers to communication than short-term patients, and (2) if the type and relative frequency of communication barriers between long-term patients and short-term patients was different. A questionnaire was developed which allowed patients to express the percentage of time a particular item was a barrier to communication with registered nurses.

Two groups of 76 medical-surgical patients composed the sample. The short-term group consisted of 38 patients who had a hospital stay of 7 days or less, and the long-term group consisted of 38 patients who had a hospital stay of 8 days or more.

The means of the long- and short-term groups were compared to determine if there was a significant difference in the degree of communication barriers experienced between the two groups. A significant t test indicated that the long-term patients expressed a higher degree of communication barriers than the short-term patients.

The 37 questionnaire items for each group were arranged according to item score. Seven major barriers to communication were identified: "whenever I asked questions about my present illness the nurse told me to 'ask the doctor'"; "more seriously ill patients required the nurse's time"; "the nurse was always in a hurry"; "the nurse didn't have the authority to answer my questions"; "I did not wish to be labeled as a 'bad' patient, so I did not bother the nurse

by asking questions"; "I saw the nurse only occasionally"; and "the nurse seemed too busy to talk with me." A rho of .29 indicated that there was no significant correlation between the rank order of the seven major barriers to communication identified by the long-term and the short-term groups.

The following conclusions were reached as a result of the study:

1. The hypothesis that long-term patients would express more barriers to communication than short-term patients was supported.

2. Although the seven major barriers to communication as identified by both long- and short-term groups were the same, there was no relationship in the rank order of the items between the two groups.

3. Patients expressed most concern with not having their questions answered and not seeing the nurse often enough.

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APPENDIXES

APPENDIX A

Questionnaire Given to the Patients on Barriers to Communication

	0-20%	21-40%	41-60%	61-80%	81-100%
1. The nurse seemed to be listening, but I knew she really wasn't.					
2. The nurse made me feel inferior.					
3. The nurse seemed indifferent to what I was saying.					
4. The nurse seemed sarcastic when she talked to me.					
5. The nurse depressed me.					
6. The nurse acted superior when she talked to me.					
7. The nurse had a poor sense of humor.					
8. The nurse acted like it was an imposition to talk with me.					
9. I saw the nurse only occasionally.					
10. The nurse seemed too busy to talk with me.					
11. The nurse was always in a hurry.					
12. More seriously ill patients required the nurse's time.					
13. The nurse gave me false reassurance.					

	0-20%	21-40%	41-60%	61-80%	81-100%
14. The nurse didn't have the authority to answer my questions.					
15. The nurse evaded my questions.					
16. Whenever I asked questions about my present illness the nurse told me to "ask the doctor."					
17. I did not wish to be labeled as a "bad" patient, so I did not bother the nurse by asking questions.					
18. I did not have confidence in the nurse's ability.					
19. Other people in the room could hear my conversation with the nurse.					
20. The nurse kept changing the subject when I talked to her.					
21. The nurse always talked about herself.					
22. The nurse offered her own opinions before letting me talk about my problem.					
23. The nurse spoke "above my head."					
24. The nurse had annoying mannerisms.					
25. The nurse had an unpleasant odor.					
26. The nurse had an untidy appearance.					

	0-20%	21-40%	41-60%	61-80%	81-100%
27. The nurse was of a different race than I.					
28. The nurse was older than I.					
29. The nurse was younger than I.					
30. The nurse was of the opposite sex.					
31. The nurse was of the same sex.					
32. The nurse was of a higher economic status than I.					
33. The nurse was of a lower economic status than I.					
34. The nurse was married.					
35. The nurse was pregnant.					
36. The nurse was single.					
37. The nurse was of a different religion than I.					

APPENDIX B

Individual Raw Scores from Questionnaire

Short-term Group

Range = 37 to 97
Mean = 46.3
S.D. = 10.9

Subject	Score	Subject	Score
1	97	20	46
2	39	21	61
3	42	22	58
4	44	23	52
5	42	24	43
6	38	25	39
7	39	26	52
8	44	27	61
9	40	28	47
10	44	29	59
11	41	30	38
12	46	31	39
13	39	32	43
14	39	33	39
15	47	34	37
16	37	35	57
17	44	36	37
18	42	37	50
19	40	38	56

APPENDIX C

Individual Raw Scores from Questionnaire

Long-term Group

Range = 37 to 97
Mean = 61.2
S.D. = 13.5

Subject	Score	Subject	Score
1	62	20	46
2	53	21	79
3	56	22	57
4	97	23	53
5	49	24	71
6	55	25	59
7	53	26	87
8	81	27	64
9	37	28	64
10	43	29	55
11	43	30	42
12	53	31	67
13	48	32	77
14	62	33	81
15	81	34	48
16	71	35	63
17	66	36	72
18	58	37	65
19	50	38	59

APPENDIX D

Items and Scores from Questionnaire

Arranged in Order of Score

Short-term Group

Rank Order	Item	Score
1	12	95
2	17	77
3	11	70
4	9	62
5	16	59
6	10	54
7	14	51
8	30	48
9	19	47
10	1, 7, 15	46
11	23, 36	45
12	22, 31	44
13	4, 8, 13, 20, 35	43
14	2, 3, 5, 6, 21, 28, 29, 32, 37	42
15	27	41
16	24	40
17	18, 34	39
18	25, 26, 33	38

APPENDIX E

Items and Scores from Questionnaire

Arranged in Order of Score

Long-term Group

Rank Order	Item	Score	Rank Order	Item	Score
1	16	118	16	6	58
2	12	110	17	7	56
3	11	108	18	4	54
4	14	99	19	22	53
5	17	98	20	23	49
6	9	97	21	18	48
7	10	89	22	36	46
8	15	82	23	20, 21	45
9	3	81	24	27, 31, 32	44
10	1	74	25	34	43
11	5	64	26	28, 35, 37	42
12	13	62	27	24	41
13	29, 30	61	28	33	40
14	19, 8	60	29	25	39
15	2	59	30	26	38